

**ST. LOUIS COUNTY PUBLIC HEALTH AND HUMAN SERVICES**  
**Volunteer Application Form**

The information on this application is confidential and is available only to staff in this agency who request volunteers. If you have any questions regarding the privacy of this information, discuss it with the Volunteer Transportation Coordinator.

Please print or type:

\_\_\_\_\_  
Last Name\*                                      First Name\*                                      Middle Name\*

\_\_\_\_\_  
Previous names, including maiden name\* \_\_\_\_\_

\_\_\_\_\_  
Current Address\* \_\_\_\_\_  
   Street Address\*                                      City\*                                      State\*                                      Zip Code

\_\_\_\_\_  
Other addresses in the past 5 years\* \_\_\_\_\_

\_\_\_\_\_  
Home Telephone                                      Work Telephone                                      Cell phone

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Emergency Contact                                      Telephone Number

Please list two references (no family members or relatives):

	Name	Address	Phone number
1.	_____	_____	_____
2.	_____	_____	_____

\*Information is necessary for background study which will be conducted every 2 years.

In making this application to be a volunteer, I understand that I am not an employee of St. Louis County Public Health and Human Services and I further understand that this form is not an application for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

**FOR VOLUNTEERS USING THEIR OWN VEHICLE:**

Driver's License Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Copy of insurance card and driver's license attached: \_\_\_\_\_ Date Verified \_\_\_\_\_

Have you had any moving vehicle violations or accidents in the last five years? \_\_\_\_\_

Please explain. \_\_\_\_\_

\_\_\_\_\_  
I agree that I will maintain liability and no fault insurance upon my vehicle pursuant to the statutory requirements of the State of Minnesota (sections 65B and 169.791 to 169.799). I understand that St. Louis County provides excess liability coverage over and above my own insurance. My own insurance is used first. The excess insurance provided by St. Louis County will not pay a volunteer's deductible, or repair to the volunteer's vehicle. I will verify my vehicle insurance coverage at each renewal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

Position volunteering for: \_\_\_\_\_

**CONSENT FOR DATA DISCLOSURE**

I authorize any law enforcement or human service agency to disclose my criminal, social service, or psychological history to the St. Louis County Health and Human Services Volunteer Services Staff for the purpose of determining suitability for a volunteer assignment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

**Optional Information:**

List any previous/current volunteer work you have done: \_\_\_\_\_

\_\_\_\_\_  
List any previous/current employment: \_\_\_\_\_

\_\_\_\_\_  
Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed

How did you find out about the program? \_\_\_\_\_